

FJA-1

(Administrative Report of Work Content)

TEAR-OFF COVER SHEET

In order to properly track the process of reclassification requests submitted by employees, it is necessary to complete this tear-off cover sheet and submit it **directly** to the Bureau of Human Resources at the time the FJA-1 is submitted to the supervisor for their signature. The names, titles, and dates entered on this sheet should be the **same** as the corresponding information on page 3 of this FJA-1 form. ***Only the tear-off cover sheet should be submitted directly to the Bureau of Human Resources; the rest of the FJA-1 should be processed through the agency's Personnel Office.***

<i>(Employee's name - please type or print legibly)</i>	<i>(Title)</i>	<i>(Date submitted to supervisor)</i>

<i>(Supervisor's name - please type or print legibly)</i>	<i>(Title)</i>

(Employee's signature)

**BUREAU OF HUMAN RESOURCES
JOB ANALYSIS SECTION
#4 STATE HOUSE STATION
AUGUSTA, ME 04333-0004**

(Burton M. Cross State Office Building - 4th Floor)

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ADMINISTRATIVE REPORT OF WORK CONTENT

STATE OF MAINE

BUREAU OF HUMAN RESOURCES

POSITION NUMBER (Leave Blank)**TO BE COMPLETED BY AUTHORIZED AGENCY PERSONNEL UNIT**

TYPE OF REQUEST <input type="checkbox"/> ALLOCATION <input type="checkbox"/> REALLOCATION <input type="checkbox"/> REEVALUATION		TYPE OF POSITION <input type="checkbox"/> CLASSIFIED <input type="checkbox"/> UNCLASSIFIED (Attach copy of statutory authority for making this position unclassified)	
EMPLOYEE NAME		LOCATION OF POSITION	TELEPHONE NO.
PRESENT TITLE	RANGE	NAME OF SUPERVISOR	TELEPHONE NO.
DEPARTMENT		BUREAU/DIVISION	
<p>I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out government functions. This certification is made with the knowledge that this information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violation of such statutes or their implementing regulations.</p>			
SIGNATURE OF INCUMBENT			DATE
SIGNATURE OF IMMEDIATE SUPERVISOR			DATE
SIGNATURE OF AGENCY PERSONNEL DESIGNATE			DATE
SIGNATURE OF AGENCY COMMISSIONER			DATE

TO BE COMPLETED BY DIRECTOR BUREAU OF HUMAN RESOURCES

TYPE OF POSITION <input type="checkbox"/> CLASSIFIED <input type="checkbox"/> UNCLASSIFIED	ASSIGNED CLASS TITLE	ASSIGNED RANGE
SIGNATURE OF DIRECTOR BUREAU OF HUMAN RESOURCES		DATE

☐ AGENCY ☐ HUMAN RESOURCES ☐ BUDGET ☐ INCUMBENT

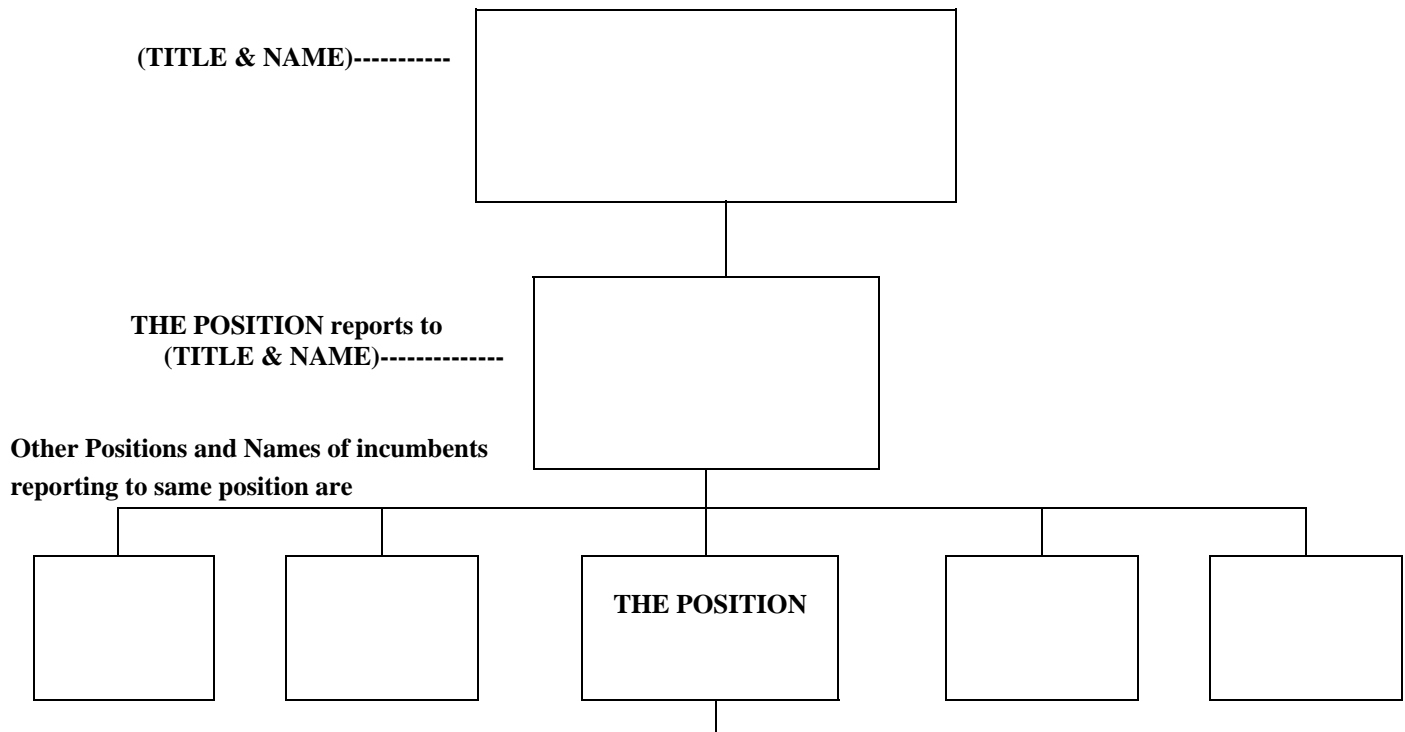
TO BE COMPLETED BY AGENCY PERSONNEL UNIT

1. Primary purpose of unit, division agency (Why does it exist?)

2. Primary purpose of position (Why does it exist?)

3. List titles of positions which provide functional direction to the incumbent (Sources of assignment)

4. In the space provided, complete the wire diagram to show the position within the organizational structure.



List title and number of positions supervised by THE POSITION with names of present incumbents.

5. Give extent and examples of decision making authority.

6. Describe in narrative form those activities which this position will accomplish through delegation to others and to whom they are delegated. (Supervisors Only).

7. List all position titles, units, departments and other with which there is working relation and its nature.

8. Amount and nature of other monies directly affected by position. (contact agency business office for specifics).

DOLLAR IMPACT

\$

9. Describe in Task Statement form those activities performed directly.		
Task #	% Of Time	EXAMPLE: Plans, organizes, coordinates, and directs operations, programs, staff, and functions in order to establish operational priorities, coordinate operations with other functions within the agency, and ensure program objectives and standards are established and attained.

10. Justification for request (identify changes to the position and/or reason(s) for the request).	
11. Give purpose for assigning these duties to this position (reorganization, combination of positions, Legislative mandate, etc.)	
12. Give name and title of person(s) assigning these duties.	
13. Give name and title of person(s) previously performing these duties.	
14. List knowledges and abilities essential to the position.	
15. List the type of equipment used in performance of duties and the frequency of use.	
TYPE OF EQUIPMENT	FREQUENCY

INSTRUCTIONS FOR COMPLETING THE FJA-1 (Administrative Report of Work Content)

(updated October 2005)

The ADMINISTRATIVE REPORT OF WORK CONTENT (FJA-1) is designed to provide Agency personnel with a uniform method of describing work content. An individual Position Detail Record (PDR) for each position involved must accompany the FJA-1. **No action will be taken by the Bureau of Human Resources (BHR) unless the FJA-1 is properly completed, signed, and processed AND the required PDR is signed and attached.**

The following instructions apply when completing the FJA-1:

PAGE 1 - TEAR-OFF COVER SHEET

This tear-off cover sheet is required in order for the Bureau of Human Resources to properly track the process of reclassification requests submitted by employees. The employee completing the FJA-1 ***must*** complete and submit the tear-off cover sheet ***directly*** to the Bureau of Human Resources ***at the time the FJA-1 is submitted to the supervisor for their signature***. The employee's name, title, date, and supervisor's name and title entered on this sheet should be the same as the corresponding information on page 2 of the FJA-1. ***Only the tear-off cover sheet should be submitted directly to the Bureau of Human Resources; the rest of the FJA-1 should be processed through the agency's Personnel Office.***

PAGE 3 -GENERAL INFORMATION

PART I - TO BE COMPLETED BY AUTHORIZED AGENCY PERSONNEL UNIT.

Complete as indicated, noting geographic location / building & room number under LOCATION OF POSITION. Signatures of the IMMEDIATE SUPERVISOR, AGENCY PERSONNEL DESIGNATE, AND AGENCY COMMISSIONER certifying the accuracy of the information ***must*** be present before submission to BHR. In the event the Immediate Supervisor and other certifying officials disagree with the content of the FJA-1 and agreement cannot be reached with the incumbent, a memo specifying the differences ***MUST*** accompany the FJA-1 (which would only have the incumbent's signature).

PART II - TO BE COMPLETED BY DIRECTOR BUREAU OF HUMAN RESOURCES

Leave blank.

PAGE 4 - ORGANIZATIONAL INFORMATION

Item 1 - List the smallest operating unit (section, division, bureau, etc.) containing the position and provide a brief description of the unit's assigned function.

Item 2 - Indicate reason this position exists within the organization and the manner in which it contributes to the unit's assigned function.

Item 3 - List (using proper classification titles) all employees from whom this position receives work assignments and/or direction.

Item 4 - Complete as specified. Be sure to use proper classification titles, not local or in-house titles. Be as complete as possible. If necessary, attach an official organization chart.

PAGE 5 - MANAGEMENT INFORMATION

Item 5 - Describe the constraints within which decisions are made, e.g. standing instructions, written guidelines, established procedures, policies and principles. Give examples of the kinds of decisions made, showing how they are limited by policies or higher authority.

Item 6 - ***For supervisory positions only.*** List all activities for which this position is responsible **and which are delegated by the position to others** for completion and to whom they're delegated.

Item 7 - Limit interaction examples to those which occur most often or are most important. Do NOT include those with supervisor or subordinates.

Item 8 - DOLLAR IMPACT - Indicate dollar amount of personnel services affected by the individual position on an annual basis.

- AMOUNT AND NATURE OF OTHER MONEYS AFFECTED BY POSITION - If the position has an impact on funds other than the personnel services of the operating unit, such as grants, contracts, or federal funds, describe **in full** the nature and source of these funds and the position's impact on them.

PAGE 6 - TASK STATEMENTS

Item 9 - List tasks which are specific and the most important and critical to the position(s). The percentage of time typically spent on each task **MUST** be provided and total 100%. Below is an example showing the correct format for task statements.

ELEMENTS:	Performs what action?	To whom or what?	To produce or accomplish what?
EXAMPLE:	<i>Plans, organizes, coordinates and directs</i>	<i>operations, programs, staff and functions</i>	<i>in order to establish operational priorities, coordinate operations with other functions within the Agency, and ensure program objectives are established and attained.</i>

PAGE 7 - JUSTIFICATION

Item 10 -For all reclassification and range change requests, list all duties and responsibilities which have been added to/deleted from the position and which may impact its current classification or range. For new positions, indicate the reason(s) the position is required (e.g. departmental/unit reorganization, redistribution of existing duties, new program, etc.). Include any statutory/legislative authority for establishing the position.

Item 11 -Describe the reason for assigning/deleting the duties and responsibilities listed in item 10.

Item 12 -Complete as indicated. Use proper titles only.

Item 13 -Complete as indicated. Use proper titles only.

Item 14 -List the essential knowledge and abilities necessary to perform the tasks listed under item 9. Below are some specific knowledge and abilities required to perform the example task.

- Knowledge of federal and state laws, rules, and regulations applicable to assigned program.*
- Ability to manage complex programs.*
- Ability to communicate effectively orally and in writing.*
- Ability to establish and maintain effective working relationships.*

Item 15 -List equipment used on a regular basis and the percentage of job time spent operating each item listed.